

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	NR		04-05-01
O.I.P.E. CLASSIFIER		4-9	5/4/01
FORMALITY REVIEW	MH	920	06-01-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date		
Final	Original	Ext	Ext
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	N	N	N
7	✓	✓	
8	✓	0	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	N	N	N
15	N	N	N
16	N	N	N
17	N	N	N
18	N	N	N
19	N	N	N
20	N	N	N
21	N	N	N
22	N	N	N
23	✓	✓	✓
24	✓	✓	✓
25	N	N	N
26	N	N	N
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	0	0	✓
32	0	0	✓
33	0	0	✓
34	✓	✓	✓
35	N	N	N
36	N	N	N
37	N	N	N
38	N	N	N
39	N	N	N
40	N	N	N
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	N	N	N
49	N	N	N
50	✓	✓	✓

Claim	Date		
Final	Original	Ext	Ext
51	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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